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# Physico-Clinical Medicine

A QUARTERLY JOURNAL DEVOTED TO THE STUDY  
OF THE ELECTRONIC REACTIONS OF ABRAMS  
AND THE VISCERAL REFLEXES OF ABRAMS  
IN THE DIAGNOSIS, TREATMENT AND  
PATHOLOGY OF DISEASE

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Vol 4

SEPTEMBER, 1919

No. 1

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FOUNDED AND EDITED BY  
ALBERT ABRAMS, A. M., M. D., LL. D., F.R.M.S.

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# Works by Albert Abrams,

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# Physico - Clinical Medicine

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No. 1

All the subject-matter of this Journal refers to the original research work of Dr. Albert Abrams. Citations from other sources will be duly accredited. "Spondylotherapy" and "New Concepts in Diagnosis and Treatment" constitute the archetype of this Journal and "S", in parenthesis, followed by a number, refers to the page in the former and "N.C." to the latter work where extended consideration of the subject cited will be found. "J", refers to a previous number of this Journal. The motive of this Journal is to replace the cell doctrine by the Electron theory. Vital phenomena are dynamic and the actions of organisms should be regarded as processes and not as structures. Exclusivism is excluded insomuch as all sciences are embraced in practical medicine and diagnosis must invoke physical, biological and chemical methods. All problems in medicine not in accord with the progress made in physical science are doomed to perish.

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## ELECTRORADIOMETRY

Radioactivity is a universal property of matter and not limited to the few elements described by physicists. This apodictic statement is founded on the fact that, Abram's reflexes and electroradiometer surpass in sensitivity the conventional methods for detecting radioactivity. The units of all matter are electric charges made up of electrons which in their incessant activity, produce the phenomenon of radiation. The electric composition of matter is due to minute bits of electricity known as electrons. Some phenomena are already explainable by the electron theory and ultimately all will find explanation. The segregation of the human from other natural entities has molested medical progress and until we study organismal action from the viewpoint of electric composition our theories will be merely opinions and not facts. This conception creates a discontinuity between the old and the new and, like all reform, is treason to tradition to those only who refuse to emerge from their fossilized condition.

Radioactive substances, uranium, thorium, polonium, actinium—appear to be disrupting and, in this disruption, electrons are shot out and new elements formed. The specific feature of man is likewise his chemic mutability for. "From hour to hour, we ripe

and ripe, from hour to hour we rot and rot, and thereby hangs a tale"—**The electric nature of man.** Between hydrogen with only one electron, and unstable uranium with 92 electrons lie all the possible elements. The chemic apperception of man by Holmes, is as follows:

"Nothing but a cloud of elements organic, C. O. H. N., Fer-  
rum, Chlor., Flu., Sil., Potassa.

Calc., Sod., Phos., Mag., Sulphur, Mang., (?) Alumin, (?)  
Cuprum, (?) Such as man is made of."

Matter and energy are indestructible and in the terms of these entities all physical phenomena must be explained. Life's chemistry is a history of food changes plus the mechanisms by which its potential energy is converted into vital force.

Mathematics has been defined as "symbolized logic" and is destined to be an important method for investigating medical problems. The time rate of change, once called "fluxions" and now known as "differential calculus", will solve the duration of disease, recurrence of epidemics and a host of other things now beyond our ken. Wireless telegraphy is a mathematic evolution beginning with Maxwell's discovery that light was an electric phenomenon and traveled as an electromagnetic wave. In 1887, Hertz verified and in 1896, Marconi utilized the waves for "wireless".

Electroradiometry is a neologism of the writer to specify a new method of demonstrating radioactivity by aid of his electroradiometer. Radiations are conventionally recognized by effects on a photographic plate, exciting visible fluorescence and air ionization. In the latter method an electroscope is used. The latter detects electricity. The electroradiometer is essentially an electroscope used in a new way. When one refers to invisible radiations, one means shorter ether waves than those to which the eye can respond. The sun's spectrum is at least ten times as long (measured by wave lengths), as is the part which we see. The electroradiometer proves that radiant energy from all matter is electric and that the differentiation of one substance from another is possible by aid of specific vibratory rates and polarity. The instrument in question disproves conclusively the contention of the physicist that the normal condition of matter yields no evidence of electricity. It was announced in the last number of this journal that the present number would be devoted to the diagnostic use of the electroradiometer but after mature deliberation of the writer, it has been decided otherwise owing to the technical difficulties attending the use of the apparatus. A few hours study suffice to master the instrument but unfortunately, this mastery can only be achieved by personal demonstration.

In answer to many letters received, the writer begs to say, that physicians, and scientists must come to San Francisco for the present at least, before this instrument is released.

### ELECTRORADIOMETRY AND HUMAN RADIATIONS

Aside from its diagnostic employment, the electroradiometer shows that there is a force emanating from the human organism. This subject is discussed in the writer's book, *New Concepts in Diagnosis and Treatment* (p. 9), *Electrical Experimenter* (Sept. 1918) and in the *Journal* (Vol. 3; No. 1). This always supposititious emanation has been called animal and vital magnetism, odyle psychode and more lately biactinism (ray life) by Emile Boirac.\* The writer's instrument shows that in the normal male, the radiations from the right hand are positive and negative from the left hand. This is reversed in the normal female. Reversed in either instance, the subjects show a tendency toward homosexuality. Yellow thrown on the body of a subject with normal polarity will reverse it. The instrument also suggests a rapid and accurate method in psychanalysis. The concrete psychology of love of the sexes rarely invades the realm of the diagnostician despite its pathologic importance. Love is a matter of vibration and is revealed by its effects on the heart. With an electrode over the heart region of the subject, names are spoken by the experimenter. If the subject is indifferent to the person whose name is mentioned the instrument expresses a polarity of neutrality (by a two and fro movement of the leaf). If the subject has a sexual regard for the person whose name is mentioned, there is a decided swing of the leaf to the left. The vibratory rate of the emotion is conveyed at its vibratory rate (8). Any individual may observe these phenomena which are objective, constant and invariable.

\*In Oriental occultism (Yogi philosophy), the vital force is called **prana** and this, they aver, is projected into space as the light of the sun, heat of a stove, odor of a flower, etc.

### OSCILLOCLAST\*

**Conductivity**—This is enhanced by employing an acetic acid in lieu of a salt solution<sup>†</sup> in all applications (except in ear). Conductivity is 350 per cent greater with the former than with the latter solution. Owing to the sensitivity of some skins, the acetic acid solution (with water) should not exceed 3 per cent. In the mouth, no solution is necessary.

**Insulation**—Oscilloclast should be placed on an insulating mat of rubber, rubber cloth or other insulating material. This injunction is applicable with reference to the chair on which the patient is seated and his feet which must also rest on insulating material. The reverse side of all electrodes should be covered with insulating paint (current efficiency increased 100 per cent). When the pointed electrode is used, the same material must be employed excepting at its extreme end when the current is applied to specific areas (boils, abscesses, etc.) The smaller the electrode, the greater is the concentration of the current.

**Care of Apparatus**—To prevent cutting and imperfect contact, commutator should be slightly oiled at times. Grease finger with a small quantity of vaseline, remove surplus and rub greased finger over commutator. Latter should be cleaned periodically. A broken conducting cord or imperfect contact at E may prevent lamp from lighting. Maximum lighting effects on lamp are secured by screwing a 10 ampere fuse plug in socket and turning lever of rheostat to A. Lever at this point with same fuse plug is used for removal of **scar tissue**.

### DISEASES

**Otology**—To inhibit **otorrheas**, the prevailing organism is the streptococcus and the current is used at 2. During the seance, a little time should be used for destroying the staphylococcus at 1. Tuberculosis often prolongs the chronicity of ear conditions (See journal, March 19, p. 75). as well as chronic sinus affections. In such instances use current at 5. In practically all instances of otitis media (catarrhalis or purulenta), one can elicit a strep reaction from the mastoid (even though there is no suggestion of mastoiditis). This

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\*The oscilloclast was described in the last number of this Journal (June, 1919). New data concerning the same will be published in this department.

†Physicians who have used the oscilloclast for analgesia prefer the salt solution. Electric conductivity of such solutions increases to the point of saturation hence a saturated solution of sodium chloride should be used. Use of ether to hair to remove fat will facilitate current penetration.

strep invasion of the mastoid often prolongs an otorrhea and current must be used over this process at 2.

Starting from the assumption that most cases of **defective hearing** were caused by middle ear thickenings, the current was used with the fuse plug (q. v.) and the results in most instances were astounding. True, hearing was only partially restored (hearing the ticking of a watch which had not been heard for years). In all instances, the middle ear should be sterilized with the current at 2 and 1 (strep and staph. infection) for one or two seances. **Infectious wounds** treated at the same indices may be equally sterilized and this suggestion is of great surgical importance. To facilitate cicatrization of wounds, try local applications of current at 3.

In otorrhea and defective hearing, current is conveyed as shown in fig. 15, p. 136 (Journal, June, 1919).

It must be recalled that many middle ear infections are of constitutional origin and from his reactions, the writer concludes that they are most frequently due to **congenital syphilis**. In such instances, the spirochetes should be primarily destroyed at 3.

In the treatment of **Sinusitis**, treat at the vibratory destructive rates of strep (2), staph (1) and tuberculosis (5) directly over lesions.

**Joints**—After subduing the local infection strep 2, staph 1, tb 5, gonococcal infection 4, one proceeds to destroy **ankyloses** as suggested at the rate for scar tissue but in bone ankyloses, try current at 4. The source of infection must also be destroyed. In **chronic urethritis**, the cord conducting current may be attached to the sound introduced into the urethra and, to concentrate action of current (at 4), encircle penis with sheet rubber or other insulating material which enhances energy value of current about 500 per cent. **Prostatic infection** is subdued by a metal electrode in rectum.

In **dermatitis venenata** (poison ivy), use current at 3. In **diphtheria**, use current at 2, directly under lower jaw on both sides. In **seborrhea**, use current at 5. **Local fat deposits** (double chin) are destroyed at 1. In suspected fat deposits over heart, use current at the same rate.

**Analgesia\***—In operations of magnitude, tactile sense is not abolished and, if apprehensive, patient interprets touch

\*Even in general anesthesia, the subconscious mind is active, hence the anoxic association method of combating the battering impulses from the nerves of the operative field. An important psychologic factor of the operative cycle is the fear of the patient that he will not awaken. This factor is eliminated by the oscilloclast.

as pain. In such instances, slight inhalation of chloroform dissipates apprehension. This is also true of the local application of cocaine derivatives. For general analgesia, fix electrode† over medulla (just under occipital protuberance) using current at 7. Allow current to act for 3 minutes before operating, making painful examinations, laryngoscopic examinations, introduction of stomach tube, manipulations of tonsils, introduction of specula, sounds, etc. If wound manipulations cause pain try current at 2. In the production of obstetrical analgesia, the current is still under probation. For dental operations (trigeminal analgesia), the current effects are better when electrode is applied over the medulla than when introduced into the ear.

Several physicians using the oscilloclast apply the electrode adjacent to the site of the operation as in the method of regional anesthesia. This method was first suggested by Dr. J. Goodwin Thompson. When an operation does not include any of the cranial nerves, the electrode may be applied to the neck just below the hair line.

From reports thus far received, owing to preservation of tactile sense, the analgesic action of current varies from 50 to 100 per cent. (See attunement of sensory impressions in this number of the journal.)

**Soporific Action.**—In many instances, with electrode over medulla oblongata and current at 7, the subject becomes somnolescent. Associated with the latter, there is a flushing of the arteries. The latter vasomotor action survives the application and may prove of value in cases where vasodilatation is indicated (See writer's Diagnostic Therapeutics, p. 370 et seq.)

**Mydriasis.**—It was shown in the June number of this journal (p. 131) that one could duplicate the action of atropin with the current at 3. Applied to the medulla, the pupillary dilatation thus secured may suffice for an ophthalmoscopic examination.

**Staphylococcal Infection.**—This is often as frequent as strep infection in certain endemics and may be controlled by the local action of the current at 1 or by gathering the organisms in the spleen (See Therapia Magna Sterilisans, Jour. June 1919, p. 133.)

The latter maneuver is suggested to abort typhoid fever

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†A special electrode (to secure constant moisture) with head piece is imperative for general analgesia. Former is loosely packed with cotton and then saturated with solution. A slight turn of screw from time to time forces fluid to the blotter. Price of both \$5.00 prepaid.

(10) and pneumonia (7). It is equally available in tuberculosis (5). Destructive rate for **Tetanus** is 3. In chronic **nasal catarrh**, Thompson reports excellent results at 2 and 1. Current may be connected to fine copper wire rolled around a small pencil which is introduced far back into the nose, a method equally available in treating **sphenoidal sinusitis**. Many so called "**Stomach rashes**" yield the electronic reaction of colisepsis. It is known that tubercle bacilli contain fatty substances which make them "acid fast." Boericke suggests in **tuberculosis** to use current at 1, first to dissolve fat and then at tb rate (5).

**Destructive Vibratory Rates**—Physicians may determine the correct number on the rheostat for opposing pathological conditions by observing the following: Dull areas by percussion are constantly present in the abdomen and chest (See J. Vol. 1, No. 4 and Vol. 2, No. 4) in definite areas in definite diseases when the patient faces west\*. When turned to the magnetic meridian (patient) these areas disappear to return

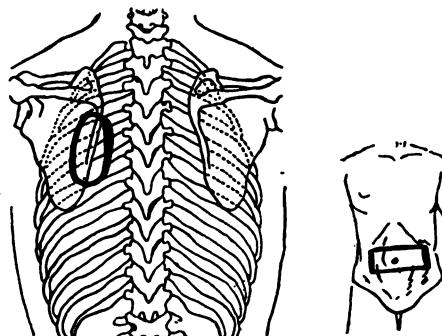


FIG. 17—Constant areas of dulness of the abdomen and chest in any subject with carcinoma and which may be reproduced after the manner cited in text.

when the patient again faces to the geographical west. These areas are accentuated if the patient stands on a grounded metal plate. Any physician may try the following experi-

\*Any one unskilled in percussion may detect these areas by the auscultatory method of the writer; over lungs, by repeated percussion of the acromial end of the clavicle (J. Vol. 3, No. 2), approach the suspected area with a stethoscope (obscuration of transmitted clavicular percussion). Abdominal areas are demonstrable in a like manner by percussing either ant. sup. iliac spine. The latter method was suggested by Dr. H. Michener (Wichita, Kas.), a recent visitor to Dr. Abram's laboratory.

ment: Place the cork of a bottle containing a cancer on any part of the skin of a normal subject. Subject on a metal plate facing west will show within a minute definite areas of dulness on the chest and abdomen (Fig. 17). On another part of the body of the subject place an electrode and allow current to flow from the oscilloclast. Note that, when the index of the rheostat is at 6, the dull areas disappear. After this manner, the destructive vibratory rates for cancer and other conditions were ascertained.

Explanation of the foregoing phenomenon was cited in preceding numbers of this Journal (Vol. 1, No. 1 and Vol. 2, No. 4).<sup>†</sup>

**Oscilloclast in Diagnosis.**—Definite dull areas on the chest and abdomen peculiar to different diseases\* disappear when the lever of the rheostat is at a definite number. Assuming that one suspects cancer. The areas are discovered as shown in fig. 17. If the lever is turned to 6 (and at 6 only), with the electrode from the apparatus on some part of the patient's skin, the dull areas disappear. If they do not evanesce, one may question the diagnosis. Syphilis (congenital and acquired), tuberculosis, strep infection, etc. may be similarly interpreted.

\*Note announcement of an atlas of the electronic reactions on a subsequent page.

†In a person immune to cancer, these areas of dulness will not ensue (immunodiagnosis, J. Sept. 1917).

## REPORTS

Clinical reports are notoriously untrustworthy provided there is no **objective evidence** that may be employed for control. When corroborative evidence is undeniable and checked by a scientific observer, there can be no personal equation and the formulated conclusions must be accepted without reserve. Cures are of no scientific significance and it is this attitude plus the deficiencies of medical art which make possible and even necessary the heterodoxic methods of cults despite the fact that they are often only vehicles for suggestion. To the rank and file of the profession, the writer's methods are new and, if incredibility is the heritage of innovation, the innovator must be meticulous and suspend his enthusiasm by an objective portrayal of his results. Cults are unscientific products of ignored fields and while in their initial existence they represent a preponderance of evil, they are always endowed with a modicum of truth. Germane to this subject is the following excerpt of a letter received from G. P. Pipkin, M. D.;

“I made a serious attempt to introduce your methods to the regular profession of Texas and could I have succeeded, every osteopath and chiropractor would have been but out of business. By your methods I have treated hundreds of patients who could have been cured in no other way.”

Academic and pioneer knowledge are in antagonism. The routinism of the former refuses like an old man to be disturbed in its set habits and opinions. It is the laic attitude which mobilizes medical inertia. A layman hearing that a few treatments of percussion on the 7th cervical spine will restore his dilated heart is not content to remain in bed for weeks to accomplish the same result. By the same token he will not submit to the use of a stomach tube when his stomach can be made to expel its contents by a few taps on the 5th dorsal spine. He will not accept the death verdict of the physician who pronounces his aneurysm incurable when he knows that some friend has been cured by concussion of the 7th cervical spine. He loses faith in the surgeon when he learns what can be done in hyperthyroidism and a clogged appendix by spinal methods.

He refuses to be made the victim of a triumvirate-physician, dentist and radiologist who deprive him of his mastication

tory apparatus. The ubiquitous prophet, whose prophesies only bear consolation in the fact that they will not be fulfilled in our time, anticipates an edentulous race but the dentist and his coadjutors are precipitating this event.

The amygdalomaniacs are now having their innings and tonsillar infection which can be destroyed by the oscilloclast is relegated to surgery. And yet we ask in amazement, why do cults thrive?

### OSCILLOCLAST IN SURGERY\*

E. A. Majors, M. D., Oakland, California can be accredited with having executed the first painless operation (Varicotomy) on June 21st 1919. On the following day, he did uterine curettage.

H. MEREDITH, M. D.—“Traumatic leg ulcer producing copious quantities of pus. Two applications of oscilloclast arrested discharge. Woman with a tuberculous knee, unable to use it for years. Four applications of current and, at the present time, joint practically well. Case of furunculosis. One application of current and condition aborted.”

J. GOODWIN THOMPSON, M. D. “Painless resection of toe nail. One curettetment of uterus with 50 per cent and another, with 90 per cent of pain relief. Frontal sinusitis, 6 years duration despite two operations. Several current applications and continuous discharge before, ceased.” Painless incisions may be made over an inflammatory area by placing electrode over latter with current at 10.

These reports may be duplicated by many other citations (inoperable cancers, etc.) but the writer wishes briefly to refer to several cases of syphilis only, reserving reports in other diseases for a future number of this Journal.

### SYPHILIS

The writer reported his method for the cure of syphilis (J. Vol. 3, No. 2.) By aid of the oscilloclast after garnering the spirochetes in the spleen and applying the electrode over the latter at 3, the electronic reaction of syphilis may be permanently dissipated in about 4 seances (each lasting approximately 20 minutes). To the cognoscenti only, is the electronic reaction of any significance and therefore an appeal must be made to a few clinical results which will be briefly detailed. The latter have been witnessed by many physicians who are constantly in attendance at the writer's laboratory. Let it be understood that no medication of any kind was employed.

1. Blood from a patient was forwarded to the laboratory by E. A. Majors, M. D. (Oakland, Cal.) Electronic reaction was acquired syphilis with ocular implication. On the following day, Dr. Majors informed the writer that the disease

\*We have “drugless physicians.” May one anticipate “bloodless surgeons” considering that it is now possible in many instances to destroy tonsillar infection without tonsillectomy, sinus disease without operation, etc?

was suspected but the diagnosis owing to negative Wassermanns was abandoned. Patient's vision was becoming progressively impaired. Energetic medication restored vision but an Argyll-Robertson pupil persisted. With Dr. Major's permission, the writer's method for curing syphilis was employed and, after a few treatments, the pupillary symptom disappeared.

2. Patient with Dementia Paralytica (case reported to the S. F. Med. Society by Dr. V. Vecki). Wassermann negative; electronic, positive (enormous reaction measured in ohms). Mental condition restored after intensive and persistent intraspinal and intravenous medication. An examination after the lapse of about three years demonstrated absence of patellar tendon reflexes and a bilateral Argyll-Robertson pupil. Restoration of former and disappearance of the latter after five treatments (Garnering spirochetes in spleen and application of oscilloclast over latter at 5.)

3. Patient observed with Dr. F. Gomez. Complete loss of vision in one eye. Wassermann, negative, electronic, positive showing congenital syphilis. Restoration of vision.

4. Electrician. Patient observed with Dr. W. Caesar. Lost vision in one eye when a child. Vision in other eye almost gone. About 50 per cent restoration of vision.

5. Patient observed with Dr. H. Michener. Pronounced Romberg, slight ataxia, absence of patellar tendon reflexes, Argyll-Robertson, vision impaired. Electronic reaction, congenital syphilis. After three treatments with oscilloclast, no abatement of symptoms. After one week, patellar tendon reflex restored in one leg and a few days later in the other leg. Vision restored\* Romberg and pupillary sign still present but slight.

6. "Patient with pronounced ataxia which rendered feeding and walking difficult: patellar reflexes lost, Argyll-Robertson pupil; Wassermann, negative;† Electronic reaction, positive. Patient cured.

7. Progressive mental deterioration. Patient about to be committed to the insane asylum. Wassermann negative (Sate and other laboratories); Electronic reaction, positive (enormous reaction of 43 ohms). Complete recovery.

8. Patient semicomatoso and failed to respond to conven-

\*There are many instances of defective vision uncorrected by the refractionist which yield (owing to retinal lesions) to antiluetic treatment.

†Unreliability of this reaction emphasizes the statistical evidence of the eminent neurologist Collins, viz., 15 per cent of paretics and 70 per cent of cerebrospinal syphilitics fail to give a positive Wassermann in the spinal fluid.

## PHYSICO-CLINICAL MEDICINE

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tional treatment; Wassermann, negative; Electronic (43 ohms)—Improvement began after first week. Complete recovery." Patients of Dr. J. Goodwin Thompson.

The **pathology** of syphilis is identified with the formation of gummatæ, arteritis and sclerotic processes. It is practically impossible to suppose that in the latter anatomic condition the enmeshed spirochetes can be aspirated into the spleen by concussion of the 11th dorsal spine, hence the necessity of local applications of the current to many lesions. Thus it is, that in skin, and visceral lesions, no reaction of syphilis can be elicited from the blood yet the lesions yield the reaction. One can thus comprehend the advantages of localized syphilitotherapy (J. Vol. 1, No. 2) One cannot hope for restitution of tissues sequential to degenerative fibroid changes, yet in eye lesions tabes and paresis, local applications of the current (3) have achieved unexpected results.\*

\*When electronic reaction for syphilis in blood is absent, it may be provoked by concussion bet. 3d and 4th dorsal spines provided local lesions persist. This provocative reaction dilates all blood vessels and the "dead corners" are reached. This method may replace the usual provocative Wassermann. The method of treatment now proposed by the writer is as follows: 1 Dilate blood vessels by concussion bet. 3d and 4th dorsal spines; 2 Gather toxins in spleen by concussion of 11th dorsal spine; 3 destroy toxins in spleen by application to latter of current at 3.

**THE OSCILLOCLAST****Personal Experiences**

By A. T. NOE, M. D., Pacific Grove, Cal.

There is a great future for this instrument and a few practical results will be cited.

CASE I.—Patient 62 years of age. Has suffered for five years with excruciating vesical and rectal pains on voiding urine and feces. All treatment by competent specialists without effect. Electronic blood test demonstrated cancer (bladder strain, measuring 32 ohms). Subsidence of all symptoms after six treatments by intravesical applications of current. After the third treatment, the indurated mass began to soften and every symptom began to abate. This is what the oscilloclast did for me.

CASE II.—Woman, aged 61. Painful gastric cramps. Relief from anodynes only. Despite constant medication for 12 years, case pronounced carcinoma and hopeless. Blood reaction demonstrated congenital syphilis (digestive strain). Five treatments with oscilloclast. Absolute relief of pain and a gain of 11 pounds.

CASE III.—Man, aged 69. Constant pains following ingestion of food thus necessitating restriction to diet of milk. Several specialists had concurred in the diagnosis of gastric cancer whereas others advised an exploratory incision. Electronic reaction, gastric tuberculosis. The use of the oscilloclast removed all symptoms.

(Digestive disturbances of tuberculous origin are rarely recognized clinically despite the fact that at postmortems tuberculous intestinal lesions are found (60 to 90 per cent). whenever tuberculosis lung lesions have existed. Brown & Sampson (J. A. M. A. July 12, 19) recently direct attention to the frequency of tuberculous ulcerative colitis.—Editor)

CASE IV.—Patient with painful and swollen knees and elbows. She could barely move and crutches were used for several years. Case regarded as one of "rheumatism" and hopeless. Electronic reaction yielded a streptococcal reaction. Very great relief after two treatments with oscilloclast. Blood reaction negative and swelling and pains gone.

CASE V.—Enlarged tonsils. Able to take only liquid food owing to mechanic dysphagia. Six treatments during a period of two weeks reduced tonsils to almost normal, although she could swallow solid food after the second treatment.

CASE VI.—My first chance to employ the oscilloclast for purposes of **analgesia** occurred on July 9, 1919. In this case

I did the American operation painlessly resecting the last inch and a half of the rectum. I was in a quandary whether to give ether owing to the extreme age and enfeeblement of the patient, a woman, aged 67. The oscilloclast was applied to the occipital region but every preparation was made to use ether if the oscilloclast failed. Before the current was allowed to flow I grasped the rectal tissue with forceps and she screamed, "what are you doing that hurts." I then allowed the current to flow and after 5 minutes repeated manipulation of the tissue without pain and completed the operation. She said later, that she felt no pain nor smarting and only knew I was doing something from the touch sense. Twenty minutes after the operation there was a sensation of pain and smarting.

CASE VII.—On the day following (July 10) with a hypersensitive and nervous lady, I made a slit operation on the rectum with thorough dilatation, uterine curettement and amputation of the labia majora. This lady was apprehensive about an anesthetic. Having such success the day before with the oscilloclast, I thought I would try it again making preparation to use ether as on the day previous but did not use it. However, she was very apprehensive about being hurt and I think she suffered more or less from strain. In such cases one should use the oscilloclast with circumspection. In both cases, the patients were not told that the oscilloclast was to be used.

To appreciate the rationale of this instrument and the new work that Dr. Abrams is doing, one must be versed in physics and in proportion as the latter subject is grasped, the more likely will the physician be to estimate its importance as applied to the new concepts of diagnosis, pathology and treatment.

### ATTUNEMENT OF SENSORY IMPRESSIONS

Elsewhere in this number reference was made to the variable analgesic effects on different patients by the oscilloclast current. It was obvious to the writer that, there is no uniformity in our sense impressions and this variability must account for inherent talents and for differentiation among the species. It has been shown (N. C. 51) that an individual may be identified by his vibration rate with the same accuracy as in the Bertillon system. Our cognizance of the universe is only a question of physics. Wave motion is nature's method of transferring energy and unless our receptors are capable of vibrating in resonance with it, certain waves to our unaided senses are non-existent. In "wireless", when electromagnetic waves are set in motion, tuning is imperative so that wave vibrations may be adjusted to affect the receiver. A variable condenser is used for the latter object to adjust waves to proper lengths. Vibration is a species of stimulation. Just as color is determined by retinal stimulation by different vibratory rates, a like response is elicited from different structures, which are like the keyboard of a piano and respond like bodies set in motion by tone vibrations.

With the switch of the oscilloclast at 5 (J. Vol. 3, No. 4, p. 133), note that when a small electrode is fixed in 2d right intercostal space close to sternum, the pulse is partially inhibited at about the 10th beat and may so continue for several beats more. Note that, this response is not apparent with continuous current action. Now move knob of condenser and note at some given point on the scale of the latter, an inhibition again ensues and the pulse becomes small. This point varies with the individual and once determined it is constant.

Thus, in using current say for analgesia at 7, use condenser in addition at a point corresponding to the physiologic response of the pulse as indicated.

The varying physiologic response to analgesia may be due to a non-recognition of this fact. This method is equally applicable in treatment for tumors and other lesions (syntonized oscillatotherapy). True, one may use the instrument as before but better results may perhaps be achieved by the method cited. The results cited in this number have been achieved without the condenser.

(To those who make the electronic reactions, it is suggested to connect a variable condenser with the rheostat. It will

be noted, say in cancer with the latter at 50 (vibratory rate of cancer) and by moving knob of condenser, there will always be a point on scale of latter when the maximum degree of dulness can be elicited on the subject used for the reactions.)<sup>†</sup>

The oscilloclasts now furnished are equipped with a condenser and current may be used with or without latter.\*

When switch (S) is on point C, condenser is in circuit and lamp should not light. When S, is on point off, apparatus functions as before. To test for continuity of circuit (lamp lighting), put S, on off, position.

If test lamp, lights when switch is on point C, it is evidence that leaves of condenser are touching and condenser is then inoperative. This would have no bearing on use of apparatus otherwise but tuning cannot be done.\* To test lamp, press forcibly the electrode on upright contact point. At O on scale no current flows. To secure scar tissue action, put S at 11 and fuse plug in socket.

\*Condensers will be furnished without charge to those already in possession of the apparatus. Observe following: Connect yellow wire to post E. Insert cord with electrode in binding post of condenser connection. When switch of latter is toward left, apparatus functions as before. With switch toward right, condenser is in circuit. Test lamp should not light when condenser is in circuit. To test continuity of circuit, put switch toward left. If test lamp does not light, it is evidence that leaves in condenser (owing to some accident) are touching. In latter event, open condenser and carefully separate leaves with a pen knife.

†Another tuning test is as follows; At 4 (oscilloclast current) electrode placed between 4th and 5th cervical spines will produce lung dulness (on percussion). This is lung reflex of contraction. A maximum dulness ensues at a given point of condenser. Note at this point lung crepitation (auscultation). Test skin with a pin and note that, by shifting condenser, there will be a point on scale of latter where pain sense is diminished. This is also the tuning rate of the tested individual.

### A PHYSICO-CLINICAL TEST OF AGE

Ageing is essentially a progressive tissue degeneration with diminishing functional capacity. In investigating normal senile changes by estimating the functional capacity of the different tissues, the writer found that most reliance could be placed on cartilage as an evidence of ageing. The changes of this structure include atrophy, fibrosis, calcification and ossification. The splanchnovascular reaction of the cartilage of the ear which has a vibratory rate of 4, is a transverse finger breadth dulness immediately below the navel. The energy yield of cartilage is when measured in ohms, in direct proportion to the quantity present. A one inch electrode is used for conveying the energy from the ear to the subject. It will be noted that, with increasing age, the energy yield diminishes. The following measurements are in fractions of an ohm and were taken in sequence on the same day.

Age	Ohmic Resistance	Age	Ohmic Resistance
6	25/25	40	10/25
17	22/25	45	7/25
23	22/25	47	7/25
24	19/25	55	6/25
26	17/25	57	7/25
32	13/25	63	5/25
34	9/25		

## PHYSICS OF LOVE

Love, the most exalted of all emotions, is like every other natural phenomenon only a question of vibration rate. It is the universal theme of poet and novelist. The former apostrophizes the heart as the abode of the emotions and "In many ways doth the full heart reveal the presence of love it would conceal." Love always predicates sexual desire, without it, friendship is its substitute. The concrete psychology of love of the sexes is beyond the ken of the diagnostician. This is unfortunate for both patient and physician for while love in its sane moments is physiologic, it may graduate into the dignity of a disease when disturbances of digestion and circulation ensue.

In "Love as a Doctor" (L'Amour medecin), the play by Moliere, ridicule is cast upon the ignorant Tartuffes of medicine. It may be recalled in this play that, the daughter of Sganarelle falls ill of the malady called love. What's the use of calling the "killers of men," proclaims one of the characters, "he will only tell you in Latin that your daughter is sick." Four physicians are summoned however and every possible and impossible diagnosis is made excepting the real one,—love.

Telegraph systems are only crude imitations of our nervous systems. In both there are switches, batteries, transformers, relays, condensers, resistances, shunts and automatic circuits. Both work with the same force, the only one fit for such vast and varied service.

The enormous energy yield by the mind when aroused to produce an emotion makes it difficult to conceive it as a simple thinking organ. On the contrary, the mind is psychodynamic, a fact little realized by the physician but exploited to the full by "mental healers."

In the writer's measurements of energy discharge from the brain (N. C. 234), he examined Edwin Markham (author of "The Man with the Hoe"). His energy discharge in thinking only was 60 ohms. The energy discharge from a giant magnet with a lifting power of 400 pounds to the square inch is only 32 ohms.

The heart is most responsive to the stimulating effects of the emotion known as love.

Elsewhere in this number of the Journal, reference is made to the Electroradiometer. It shows that human radiations are electric. The pulse is a tentacle of the heart and faithfully portrays its response to emotions. In the Electrical Ex-

perimenter (Sept. 1918) and in this Journal (Sept. 1918), the writer referred to a simple technique for noting the movements of the wrist pulse.

Utilizing this technique, it may be shown that, when a powerful emotion is aroused, the movement of the straw is suddenly arrested. The test may be executed in two ways. Request a male or female (straw fixed to pulse) to concentrate on the person whom they love. Each time this is done, there is a momentary arrest of the movement of the straw. The Freudian method of psychanalysis may also be used for arousing the emotion. The subject on whom the experiment is made is requested to furnish names of persons among which one or more to whom they are attached. A brief interval of time must elapse before each name is called by another. When the particular name is called, the transitory inhibition of the straw may be observed. No voluntary effort on the part of the subject can influence this invariable effect. For arousing emotions of a different character in criminology, this method is of great importance.

By palpation of the pulse, the momentary arrest of its beat reveals what is done by the straw. A graphic record of this action may be made with the sphygmograph (Fig. 18).



FIG. 18—Pulse record: N, normal curves; X, slight inhibition and XX, almost total inhibition when emotion commences at X.

Civilization predicates an abrogation of natural laws. Marriage based on man's laws will soon prove an anachronism. "What is life with several wives?—Polygamous—with two wives?—Bigamous —With one wife?—Monotonous." The laws of attraction and repulsion between the sexes must conform to the law in physics. The relation may be ambivalent, that is, made up in equal amounts of attraction and repulsion. Our emotional life restrained by restrictions imposed upon it by civilization finds devious avenues for its expression. Thus dancing has eventuated in postural sexuality attuned to music. It can be shown by the writer's methods that all phenomena have a sexual basis. Odd and even numbers are the mathematical sexes; the former are male and the latter female.

## BIBLIOGRAPHY

**PHYSICS OF THE CHEST**—Sir James Barr, British Medical Journal, April 19, 1919—This master clinician expatiates on the non-recognition of lung collapse (atelectasis). He cites cases of massive collapse mistaken for lung sarcoma, unresolved pneumonia, etc. He continues as follows:

“In the early stages the diagnosis is at once cleared up by the excitation of the lung reflexes of Albert Abrams. If you rub the affected side briskly with the hand the collapsed lobe expands, the percussion note clears, you can hear the air entering the alveoli accompanied with some dry fine crepitations. If you keep up this friction for a length of time the collapsed lobe may almost attain its former dimensions, and the edges of the enlarging lung find their way between the arch of the diaphragm and the thoracic walls. If when the lobe is expanded the chest be struck firmly several times with ulnar side of the closed fist the lobe collapses again.

The lung reflexes are largely responsible for the contralateral collapse which frequently occurs in gunshot wounds or other injuries of the chest. By these lung reflexes also collapse can be distinguished from hypostatic congestion. In those cases respiratory gymnastics should be practised, and the patient told to change his position frequently and to lie on the sound side.

In advanced cases of mitral stenosis collapse of numerous lobules on the posterior surface of both lungs frequently occurs, the oxygenating surface being greater than that demanded by the small quantity of blood passing through the lungs. These cases usually pass on to more or less permanent collapse with brown induration of the lungs.

Apart from cases associated with mitral stenosis, atelectasis, partial or complete, when early recognized is very amenable to treatment; but when long neglected permanent damage to the lung results. In such a neglected case seen ten years ago I effected considerable improvement. He has since carried on hard laborious work without further medical advice until he consulted me a few days ago. There is still considerable deformity, but his vital capacity is sufficient.”

**ELECTRONIC REACTIONS OF ABRAMS**—Dr. Francisco Paredes, Revista Medica, March and April, 15, 1919—

Author summarizes his personal experience with these reactions. He emphasizes their diagnostic import and portrays a future state of medicine when mathematic certainty with these reactions will supplant the present uncertain methods of diagnosis.

**FUNCTIONAL TROUBLES** :—Dr. Jules Regnault, *Le Moniteur Medical*, April 29, 1919—Functional disturbances are non-existent without organic lesions. One has been too much dominated by the pathological anatomist to find an explanation for disease. The inability of the latter to detect lesions has created a fictitious nosology abounding in such inanities as neuroses, hysteria, etc. This was at a time when the cellular theory was in the ascendancy. Now, that the electronic theory has been applied to the rational interpretation of disease by Albert Abrams, we now know that physiologic aberrations create their own pathologic anatomy at their debut. Thus, an early diagnosis can be made a functional one whereas as later, it would be an anatomico—pathologic diagnosis. The latter is tantamount to a diagnosis at the necropsy, too late to be of any value to any one but the pathologist.

The electronic reactions enable one to make a precocious diagnosis and thus defeat pathological anatomy as a basis of medical science. The defects of a machine in action are more apparent than when it is quiescent. (The editor always mistrusts a functional diagnosis and has often said that neurasthenia is an excuse, not a diagnosis.)

**ANESTHETICS** :—Jules Regnault, *Archives de Medicine*, March and April 1919—In reflex inhibition of the heart incident to the use of general anesthesia, the chief maneuver for its restoration is percussion of the 7th cervical spine to elicit the cardiac reflex of Abrams. The post-anesthetic effects of chloroform or ether (vomiting, etc.) may be suppressed as Jarvis has shown by the addition to either of oil of orange (S 82).

**CIRCULATORY DISORDERS** :—Dr. Wm. Martin, *American Journal of Electrotherapeutics and Radiology*, Jan. 1919—Some phases of these conditions remain unrecognized. A form easily recognized by the initiated is splanchnic neurasthenia (S 346). In many cases, the fluoroscope shows aortic bulging and cardiac dilatation but these evanesce with lessening of the splanchnic engorgement. In the discussion of the paper, Dr. A. B. Hirsch observed that in these cases he stimulated specific spinous processes, “in accordance with Dr. Albert Abram’s studies, and I have so far had no occasion to regret following his plan.

## PHYSICO-CLINICAL MEDICINE

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Dr. William B. Snow, commented on the frequency of splanchnic neurasthenia and unless relieved, the victims become chronic invalids. "Dr. Carrel", continued the speaker, "was anxious to find some means of raising blood pressure in men who had abdominal injuries and we experimented with him." By stimulation of definite spinous processes, one could either raise or lower blood pressure. In closing the discussion, Dr. Martin observed that from 30 to 50 per cent. of his hypotension cases were due to splanchnic conditions.

### MISCELLANY

**CONGENITAL SYPHILIS.**—In previous numbers of this journal, reference was made to the fact that, we are all victims of congenital syphilis and that, from a pathologic viewpoint of mankind, the differentiation of syphilitics is only one of degree. Reference in preceding numbers was also made to many stigmata heretofore unrecognized. There are two other signs which the writer has frequently observed, viz., **exaggerated patellar tendon reflexes** and the **Romberg** sign. The Abrams method of reenforcement of the latter is imperative, viz., when standing with eyes closed and feet together, subject throws his head as far backward as possible.

**ATLAS:**—Many physicians have requested the writer to prepare an atlas showing the location of the areas of dulness in the chief diseases. Provided there are sufficient subscribers, this will be done. The cost of the atlas will be \$15.00.

**SUBSCRIPTION:**—This journal is published at a monetary loss and subscribers are earnestly requested to pay their subscriptions promptly. Subscriptions begin with this number and if there is a blue pencil mark under "subscription", it signifies your subscription is due.

**DIRECT CURRENT AND OSCILLOCLAST:**—In answer to several physicians, it may be stated that in the absence of an AC current, like results may be achieved with the DC lighting circuit although a DC motor must be used on the apparatus.

**LYMPH GLANDS:**—The writer has cited elsewhere that a **transitory** lymphangitis is frequently the frontier symptom of an incipient carcinoma. Thus, he has frequently observed in cancer of the breast an evanescent swelling of the lymph glands of the neck and axilla for many months preceding the evidence of a breast intumescence. It can be shown that the energy from the lymph glands will dissipate the electronic reaction of carcinoma just as the energy from the tonsils will dissipate the energy of tuberculosis (lymph glands have a similar action.) For this reason, the writer has protested against the indiscriminate removal of the tonsils. If those on whom tonsillectomies were done in youth could be carefully traced to adolescence, the frequency of tuberculous infection would be evident. The enlargement of the spleen as the writer has also shown is a process of compensation insomuch as the products of that organ are antagonistic to many infections.

Reverting to the lymph glands, their enlargement which we ordinarily specify as a metastasis is in the incipiency of

the cancer, a process of compensation and not until they can no longer compensate the invasion, does the latter become a metastasis. Hellman (J. A. M. A., June 28, 1919) has confirmed this contention microscopically. He shows that the glands in question are protective in cancer and tuberculosis. That, when the cancer cells and tubercle bacilli invade the glands, a biologic reaction ensues which impedes their further penetration into the glands.

**PITUITRIN** :—Dr. S. V. Young (San Antonio, Texas) in a personal letter comments on this preparation as follows: "I find that 3 drop doses (never more) of oral pituitrin (P. D. and Co.) administered under the tongue over long periods, is a wonderful vasomotor tonic giving permanent results. However paradoxical, it lowers blood pressure when it is high and raises it when it is low. It is almost a specific in bed wetting used in the same way even in larger doses."

**NEURITIS** :—It is known that the nerve in this condition is usually swollen, infiltrated and red in color. In multiple neuritis often associated with syphilis, tuberculosis and diabetes, it is suspected that the condition is provoked by toxic materials absorbed into the blood. The electronic reactions show (blood examinations) that many streptococcal infections can be traced to their origin (tonsils, teeth, etc). In several rebellious cases of neuritis, one could trace the course of the implicated nerves by the electronic reaction. In two instances, it could be shown that the nature of the infection was streptococcal of tonsillar origin and when the oscilloclast (over nerves) was used (at 2), the symptoms of neuritis soon subsided.

**Franco-American Physico-Clinical Laboratory**.—Dr. J. Regnault, formerly professor anatomy, Naval Medical School has established a laboratory in Toulon, France, using Abrams' methods.

**AUTO-HEMIC THERAPY**.—“We should not ask”, says Poincare, “whether a theory is right or wrong, one should only be concerned with its productivity.”

Despite the fact that the luxury of the patient is in the importance of the physician and his remedies, the treatment of disease is rapidly being swept into the the discard by therapeutic nihilists. As a young physician asserted Radcliffe, he possessed twenty remedies for every disease, but at the close of his career he had found twenty diseases for which he had not one remedy.

Modern therapeutics recalls the Greek comedy by Lucian, “Gout-Tragedy.” This, Dominus Morborum et Morbus Do-

minorum, is made the subject of ridicule by Podagra one of the characters, boasting her invincibility and ridiculing the pretensions of those who profess to have found a remedy for her torments. Two unhappy physicians who have boasted of their ability to cure the gout, eventually confess that all treatment is useless.

In this "slough of despond," one should be prepared to investigate new methods. The writer is impressed with the results achieved by auto-hemic therapy by many physicians and Dr. Burkard who is now visiting his laboratory is an ardent enthusiast of the method. He will aid the writer in investigating the subject to secure if possible, more expeditious results. The latter will be reported in a later issue of this journal.

### **SOME RECENT VISITORS TO DR. ABRAMS' LABORATORY**

**CALIFORNIA** :—Drs. Haley, Van Praag, S. Long, A. Stafford, Larabee, W. Wildanger, E. Payne, C. Cross, E. Parramore, W. Boericke, I. Bourke, E. Weirich, J. Adams, L. Weatherbee, F. J. Wildanger, H. Meredith, W. Watts, E. Majors, Huntington, J. Thompson, C. Powell, L. Sherman, A. McGinty, A. Burkard, G. Juilly, B. Wall.

**IDAHO** :—Dr. H. A. Castle.

**OREGON** :—Dr. C. Wheeler

**MASSACHUSETTS** :—Dr. B. C. Woodbury

**KANSAS** : Drs. H. Michener, H. L. Mills

**NEW YORK** :—Dr. S. C. Wolcott, E. L. Corbett, John Riegelman.

**MICHIGAN** :—Dr. Garth Boericke

**ILLINOIS** :—Dr. D. B. Holcomb

**COLORADO** :—Dr. M. L. Babcock

**ENGLAND** :—Dr. A. W. Wooley (British Navy).

**Dr. Vasquez Gomez**.—This distinguished physician, who studied the electronic reactions in San Francisco, has been according to recent associated press news, been mentioned as the choice for President of Mexico.

**J. A. Savignac, M. D.**—This physician contemplates an early visit from Canada.

**H. Holbrook Curtis**—This distinguished New York specialist recently visited this city.

### **LESSEES OF OSCILLOCLAST\***

E. A. Majors, M. D., Oakland, Cal, (2 instruments).  
A. Bursell, M. D., Medford, Oregon.  
A. T. Noe, M. D., Pacific Grove, Cal.  
J. P. Kanoky, M. D., Kansas City, Mo.  
H. Meredith, M. D., Oakland, Cal.  
J. Goodwin Thompson, M. D., Oakland, Cal.  
V. Sillo, M. D., New York, N. Y.  
C. Powell, M. D., Oakland, Cal.  
W. F. Becker, M. D., Chicago, Ill.  
L. B. Weatherbee, M. D., Antioch, Cal.  
E. W. Dodge, Chicago, Ill.  
J. W. King, M. D., Bradford, Penn.  
C. Wheeler, M. D., Los Angeles, Cal.  
L. L. Sherman, M. D., Oakland, Cal.  
H. Michener, Wichita, Kas. Dr. A. F. Burkhard, Santa  
Barbara, Calif.

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\*Terms on which oscilloclasts are leased are as follows; a primary payment of \$150.00 and \$5.00 monthly. Contracts may be executed for one or more years. The primary payment for the **electroradiometer** is \$200.00 and \$5.00 monthly. These primary payments are subject to change owing to varying cost of material and labor. Provision may be made later for an outright sale in which event lessees may avail themselves of this privilege.

2135 SACRAMENTO ST.  
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## PHYSICO-CLINICAL LABORATORY

—OF—

Dr. Albert Abrams

FOR THE ELECTRONIC TESTS OF ABRAMS

### IMMEDIATE AND ACCURATE DIAGNOSIS.

These tests permit of an immediate and accurate diagnosis of SYPHILIS, CANCER, SARCOMA, TUBERCULOSIS, TYPHOID FEVER, MALARIA, PREGNANCY, GONOCOCCIC AND STREPTOCOCCIC INFECTION, COLISEPSIS and other diseases.

### VIRULENCY GUAGED.

IN SYPHILIS (nervous system, cardiovascular apparatus, eyes, lungs), and in TUBERCULOSIS (Glands, Lungs, Bone) the SPECIFIC STRAINS of the organisms in these diseases may be determined, showing implication of definite structures or the invasion of the latter may be predicted. The VIRULENCY of DISEASE may be GAUGED with MATHEMATICAL ACCURACY. Thus, it can be determined whether SYPHILIS ("which never dies but only sleeps") is active or quiescent, and when treatment should be continued or discontinued. It is also possible to see whether SYPHILIS is congenital or acquired. Reprint on cure of Syphilis sent on request.

### BLOOD ON PAPER, NO SPECIAL INFORMATION NECESSARY.

To execute these diagnoses all that is NECESSARY is to send several DROPS OF BLOOD from the patient ABSORBED by a CLEAN WHITE BLOTTER or filter paper. Blood examinations only, do not permit of the localization of lesions, and to achieve the latter an examination of the patient is imperative. Neoplasms, sputa and other tissues are equally available for diagnosis by the same tests. NO INFORMATION concerning the patients from whom the blood is obtained is necessary (other than in tests for pregnancy), thus, unlike the laboratory tests, the electronic tests permit an unprejudiced opinion. No diagnostic method is infallible. It is requested that all physicians correlate the Electronic Diagnosis with their clinical findings. Unless specially requested, and without comment from the physician, only the following conditions will be sought for: SYPHILIS, TUBERCULOSIS, CANCER, STREPTOCOCCIC INFECTION, and COLISEPSIS. These tests will be appreciated by your patients. To treat them without a correct diagnosis is only adding insult to injury. A diagnosis in the usual way by skilled diagnosticians shows 50 per cent. of errors and in some diseases 75 per cent.

### A FEW REFERENCES.

Full information concerning these methods may be found in "INTERNATIONAL CLINICS" (Vol. 1, 27th series), the "REFERENCE HANDBOOK OF THE MEDICAL SCIENCES" (Vol. VIII, 3rd edition), and "NEW CONCEPTS IN DIAGNOSIS AND TREATMENT" (Abrams). All the tests are controlled by the "Sphygmopathometer," an instrument devised by Dr. Albert Abrams.

### ONLY ONE IN FIVE.

Laboratory diagnoses are notoriously fallacious. There is only ONE CHANCE IN FIVE that a specimen of blood submitted to ten serologists will result in an agreement. The negative results with the Wassermann are fully fifty per cent., and positive reactions may occur in tuberculosis, acidosis, malaria and other afflictions. Collins (A. J. M. Sc. 1916), estimates that 15 per cent of paretics and 70 per cent. of cerebrospinal syphilitics fail to give a positive Wassermann in the spinal fluid. One of the most serious and almost tragic arraignments suffered by the Wassermann emanates from the recent report of Symmers, Darlington and Bittman. The report is based on nearly 100,000 reactions made by the most competent serologists procurable. Their conclusions are briefly as follows: 1. The reaction executed in the living patient at the Bellevue Hospital, gives a negative result in from 31 to 50 per cent. of cases in which the characteristic anatomic

signs of syphilis are demonstrable at necropsy. 2. The reaction in the living patient is positive in at least 30 per cent. of cases in which it is not possible to demonstrate any of the anatomic lesions of syphilis at necropsy. Physicians of prominence no longer rely on the Wassermann test. The same fate is destined for the reactions of Abderhalden, when one-third of all MEN yield the test of pregnancy!

#### NEARLY 100 PER CENT. POSITIVE.

Geo. O. Jarvis, A. B., M. D., (formerly of the University of Pennsylvania), found that the electronic tests of Abrams were POSITIVE in nearly 100 per cent of syphilitic affections (hereditary or acquired).

#### VECKI.

"I have witnessed marvelous results," observes Vecki, the noted syphiliologist in his SEXUAL IMPOTENCE (W. B. Saunders & Co., 1915) "in the diagnosis of syphilis by the ELECTRONIC TESTS OF ABRAMS."

The tests embody the employment of the visceral reflexes of Abrams.

#### FROM ENGLAND.

Sir James Barr, in his Presidential address at the 18th annual meeting of the BRITISH MEDICAL ASSOCIATION (BRITISH MEDICAL JOURNAL, July 27, 1912), observes as follows:

"The versatile genius of Dr. Albert Abrams, who has come all the way from San Francisco to do honor to this meeting of the BRITISH MEDICAL ASSOCIATION, has taught us how best to cure intrathoracic aneurysm, and he has shed light on the nature of the cardiac and respiratory reflexes. In the treatment of diseases of the heart and lungs, his work does great credit to the new Continent and he has given us further insight into methods of prevention."

Prof. Perdue, Director of the largest laboratory for cancer research in America, observes:

"Nothing in recent medicine has been so revolutionary in diagnosis as the reactions of Abrams. For many years the profession has looked to the laboratory for exactness in diagnosis, and our literature has been full of the Wassermann reaction and the Abderhalden tests for pregnancy and cancer. In the midst of all this came the diagnostic methods of Abrams. Methods so simple, so scientific, so exact, so practical, at once made the PROCESSES of the LABORATORY OBSOLETE and historic in medicine. I have NEVER SEEN the reactions of Abrams fail or be misleading."

#### INCIPIENT TUBERCULOSIS.

Dr. W. J. CAESAR, Richmond, Cal., observes as follows:

"Like many physicians, I had heard of but had never investigated Abram's Electronic tests. At the solicitation of Dr. W. R. Scroggs, who had studied the reactions, I was induced to bring one of my patients (a chronic neurasthenic?) to San Francisco for diagnosis. To my utter amazement, the diagnosis made was that of INCIPIENT TUBERCULOSIS, which could never have been demonstrated by the conventional methods. The results of treatment (rapid recovery of the patient and weight increased from 140 to 171 lbs.) by Dr. Abram's method of polarotherapy, fully justified the diagnosis. Since then, I have witnessed the confirmation of many other diagnoses by the same tests. I have taken Dr. Abrams' course, and am constantly using his methods of diagnosis, and I am fully justified in saying that, were I compelled to hark back to the accepted methods of diagnosis, I would rather relinquish practice than to continue it."

#### DIAGNOSIS AT THE VERY BEGINNING

"It is many years since the medical profession has shown such interest in any new discovery as they have in Electronic diagnosis, first discovered by Dr. Albert Abrams, of San Francisco. To be able to DIAGNOSE AT THE VERY BEGINNING tuberculosis, carcinoma, syphilis, pus formation, and so on, and not have to rely upon doubtful laboratory methods, is almost beyond comprehension or belief."—George Starr White (AMERICAN JOURNAL OF CLINICAL MEDICINE.)

In another communication to the same Journal, George Starr White observes as follows: "This same human energy can be used to diagnose disease in its early stages better than any other known method. To Dr. Albert Abram is due the credit for this epoch-making discov-

ery. It is the external counterpart of the Abderhalden reactions." "I shall place all knowledge learned with you in the foreground." "The inspirations I gained while with you repaid me well for a year's wanderings." "The more I study the electronic reflex phenomena first discovered by Dr. Albert Abrams the more I am overwhelmed." From signed personal letters.

Physicians will please observe that in any conflict among the reactions that the accuracy of the Electronic test will be determined by the therapeutic results.

#### FEES

(Which include all diagnostic information necessary.)	
Blood examinations which include tests for all diseases .....	\$10.00
Subsequent blood examinations to gauge the course of the disease .....	5.00
Examination of patients .....	25.00
(With full instructions to the physician for executing Abrams' methods of Electronotherapy. By the latter, most uncomplicated and incipient forms of tuberculosis are amenable to symptomatic cure within a few weeks.)	
Course to physicians on Electronic Diagnosis .....	\$100.00
(Limited to reputable physicians in possession of the M. D. degree.)	

#### STATEMENT OF W. J. CAESAR, M. D.

"After taking Abrams' course on Electronic Diagnosis I am able to accurately detect and measure the virulence of tuberculosis, syphilis (and to differentiate the acquired from the congenital form of the latter), colisepsis, streptococcal infection, cancer, sarcoma, gonorrhea, etc. The functional activity of the organs including the ductless glands may be mathematically gauged. The topography of the viscera may be accurately defined. The foregoing has been formulated after mature deliberation based on therapeutic results and corroboration at the operating table."

## Electro-Concussor of Dr. Albert Abrams

SPONDYLOTHERAPY is a scientific method for eliciting Abrams' reflexes in the treatment of disease. Its rapid recognition by leaps and bounds emphasizes its great importance. To execute these reflexes, a suitable concussor is necessary and the Electroconcuressor is the only one made under the supervision of Dr Abrams and meets with his absolute approval. It is portable. State current available. Purchasers may secure free, either a copy of Spondylotherapy (6th Edition) or a chart on Spondylotherapy.



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Price \$100.00, f. o. b. Cash with order.

DR. GEORGE O. JARVIS

THE SANITARIUM

ASHLAND, OREGON

June 15, 1917.

The electronic reactions of Abrams have been introduced to the profession at a time when the electro-chemical conception of cellular activity is beginning to make its way.

Without a clear idea of this electro-physical concept of physiologic and pathologic activities the electronic reactions of Abrams are difficult to comprehend, even though comparatively simple.

These reactions are based on the facts (1) that electro-chemistry in normal tissues differs from that in abnormal tissues; (2) that energy from the tissues can be conducted along any insulated conductor; and (3) that the ganglion cells of the spinal cord, the peripheral ganglia, or the parenchymatous cells themselves of the various organs will all respond to energy conducted from an anlage of special physiologic activity (such as the beating heart) or from an anlage of pathologic activity (such as a cancer node or a focus of infection).

These reactions show themselves in the organs by change of density, of shape, and of percussion note. Alterations in the blood pressure may also be demonstrated in a test subject if the energy is conducted in an appropriate manner.

It is recognized that the Wasserman reaction is not an entirely satisfactory guide in the diagnosis of syphilis and that it is especially unreliable in the diagnosis of recent and of inherited lues. The writer has made positive diagnosis of syphilis in a number of patients in whom the Wasserman tests have been executed by one or more competent serologists and returned as negative.

In some of the "recent" cases the presence of mucous patches, demonstration of the Spirochaetae pallidae, and the therapeutic results permit of no doubt as to the diagnosis. In cases of long standing and in inherited infection demonstration of the Spirochaetae was not made; but the case histories, the family histories, and the immediately beneficial results of treatment left no reasonable doubt as to the accuracy of the diagnosis as made by the electronic reactions of Abrams.

Some of these cases had been repeatedly examined by competent serologists at the largest clinics in the country and had there been treated for various non-existent diseases; this because an accurate diagnosis could not be made.

In eighteen cases in which both Wasserman and electronic tests were made there was only one in the electronic

DR. GEORGE O. JARVIS  
THE SANITARIUM  
ASHLAND, OREGON

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reaction which yielded a doubtful result and this case had been examined by various physicians from New York to San Francisco and had been treated for possible luetic infection, including a sojourn at the Kansas Hot Springs. A course of neosalvarsan with intensive mercurial treatment failed in my hands to produce marked improvement though there was an amelioration of certain symptoms. This case was a failure in diagnosis both on the part of the writer and upon the part of a number of eminent syphiliographers.

In cancer the matter of diagnosis is so important that authorities agree that a cancer subjected to early and radical removal offers a fair prospect of freedom from recurrence. In external cancers it is naturally possible to make a diagnosis earlier than if the growth be located internally. In gastric cancers the diagnosis must await the appearance of "a cancer rest";—but this implies a fairly advanced carcinoma.

By the electronic reactions of Abrams Dr. A. W. Boslough, of Ashland, Oregon, and the writer have been able to diagnose eleven gastric and other internal cancers at a time when there was only the smallest macroscopic sign of a cancer in the removed specimen. When the specimens were submitted to one or more competent pathologists, who had no knowledge of the case beyond the region from which the tissue was removed, they returned a diagnosis of malignancy with one exception. In this case one pathologist pronounced it malignant and another benign; but the recurrence of symptoms after operation and the subsequent death of the patient left no reasonable doubt but that the growth was malignant.

*final judgment*

Specimens in which a suspicion of malignancy might exist, both from the history and from the macroscopic appearance, but which the reaction of Abrams showed to be benign, invariably proved on pathologic examination to be non-malignant. The subsequent history of those pronounced benign have shown, so far as the lapse of time permits, that the diagnosis of a benign process was justified. The clinical course of those in which the diagnosis of malignancy was made has shown, unless complete extirpation was possible, the best foundation for a diagnosis of malignancy.

In a few of the cases diagnosed as cancer by the electronic method the macroscopic evidences of malignancy were so slight that the writer was strongly inclined to doubt the diagnosis until an examination of the specimen by two independent pathologists in different cities had proven beyond cavil the presence of cancer.

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With regard to bacterial infections;—the tests made by the writer have been largely upon teeth, the roots of which were infected and in which radiographs were made to show the possible existence of peri-radical tissue changes possible to demonstrate by the x-ray. Of these there were thirty-two cases in which x-ray plates were made, the electronic test performed, and extraction with examination of the extracted teeth done.

Extractions of the suspected teeth proved the accuracy of the diagnosis of streptococcic infection. It cannot be said that no cases went undiagnosed because teeth which yielded no reaction were not extracted. The subsequent clinical history of the cases of suspected focal infection strongly substantiated the findings of the electronic method.

With regard to sarcoma, the writer has had but two cases since learning the method of Abrams and is therefore unable to say more than that the reaction was positive and correct in these two instances.

Of the accuracy and delicacy of this method of Dr. Abrams there can be no question. Its simplicity leads some to overlook the necessity for care and accuracy joined to considerable study and experience. In the hands of those who lack accurate and delicate percussion, who are unable to distinguish variations in density of tissues (resistance) and percussion sounds, or are unwilling to give time and labor to the investigation of the methods and perfection of the technique the results will be unreliable; as would be the case with any other diagnostic procedure.

Respectfully,

Geo. O. Jarvis.

When I first began to investigate the subject of Electronic Diagnosis, I found the work most confusing but further investigations at the Physico-Clinical Laboratory of Dr. Abrams, convinced me from therapeutic results observed, of the correctness of his diagnoses. It is impossible to form a very intelligent opinion of these methods from reading about them. One must come to Dr. Abrams' laboratory and watch him at his work and hear his explanations and comments and if he approaches the investigation in an unprejudiced frame of mind the physician will soon discover that he has found something that will be of vast usefulness to him in his medical work. I consider the last five months that I have spent in this investigation as the best spent time of my medical life and would heartily advise any of my confreres to pursue a like course.

Very sincerely,

*W.R. Scroggs M.D.*

1st. Lieut. Medical Corps  
U. S. Army.

DR. HARLEY E. MACDONALD  
PHYSICIAN AND SURGEON  
OFFICE AND SANITARIUM  
1521 SO. HOPE STREET  
BETWEEN SIXTEENTH AND HOPE ST.  
LOS ANGELES, CALIFORNIA

To whom it may concern:

This is to certify that <sup>former</sup> Dr. Albert Abrams has examined by his new method one hundred diagnostic cases. Great as was the surprise to me in many instances in practically all cases his judgment was <sup>found</sup> demonstrated to be correct and in no instance was he found to be in error.

*H. Mac Donald M.D.*

AMON THATCHER NO. M-19,  
Pacific Grove, Cal.

July 27-17

Dear Doctor Abrams

your letter explaining blood test no. 3 received.  
your diagnosis is correct. I thought I might  
stump you on this one - but failed.

I am sending you blood specimen of case no. 1.  
to day - I trust you will be able to find some  
improvement in this test case this time.

I can hardly wait the time I can leave for the  
City and spend the time with you.

Thanking you for fast favors I am sincerely yours.

D. M. Noe

**REPORT OF 192 BLOOD-TESTS MADE AT THE STATE HOSPITAL  
STOCKTON, CAL., MARCH 6, 1918, USING THE  
ELECTRONIC REACTIONS OF ABRAMS**

By W. J. CAESAR, M. D.

The specimens submitted for examination consisted of several drops of blood absorbed by white blotting paper, and derived from patients with the following diseases:

1. Syphilis (congenital and acquired). In these cases the diagnosis had been positively established by serological tests and the clinical findings.
2. Tuberculosis. The diagnoses had been previously confirmed by tuberculin tests, the presence of tubercle bacilli in the sputa and by the physical examination.
3. Carcinoma. The correctness of the clinical diagnosis was confirmed by microscopic examination.
4. Syphilis and Tuberculosis. In these instances the specimens of blood on the same blotting paper were derived from different patients.
5. Syphilis, Tuberculosis and Carcinoma. Like in the latter instance, specimens on the same paper were derived from different patients.

This report is an unequivocal demonstration of the fact that the **ELECTRONIC REACTIONS OF ABRAMS** were absolutely correct in 186 instances among 192 specimens of blood submitted for examination (3 very small specimens were not examined, making 189 actually examined). The specimens were submitted by physicians of the hospital, including the pathologist under rigorous conditions, with the object of eliminating any previous knowledge on the part of the executant relative to the disease or the patient from whom the blood was derived.

## Diseases Diagnosed by an Examination of Dried Blood

Acidosis	Acute Mania	Paresis
Adrenal Sufficiency	Dipsomania	Poliomyelitis
Amebiasis	Chronic Dementia	Rheumatoid Arthritis
Colisepsis	Leprosy	(Variety)
Carcinoma	Malaria	Sarcoma
Cholelithiasis	Measles	Scarlatina
Chorea	Menstruation	Straphylococccic
Diabetes	Meningococcic	Infection
Diphtheria	Infection	Streptococcic Infec-
Epilepsy	Neurasthenia	tion
Gonococcic Infection	Paralysis Agitans	Syphilis (differentia-
Gout	Parathyroid	tion of congenital
Hookworm	Insufficiency	and acquired, and
Hyperpituitarism	Paratyphus	specific strain.)
Hyperthyroidism	Pneumococcic in-	Teniasis
Influenza	fection	Tetanus
Insanity	Psychasthenia	Typhoid
Paranoia	Pregnancy (predic-	Tuberculosis
Dementia Precox	tion of sex)	(Varieties)

The virulence of all diseases is mathematically measured and serves as a valuable guide in noting their progression or retrogression and the efficacy of treatment—notably, syphilis.

A personal examination of the patient is necessary in estimating the functional activity of the ductless glands and viscera.

IMMUNODIAGNOSIS is also capable of demonstration in some of the foregoing diseases. It can be shown from the blood whether the subject possesses natural or acquired immunity to typhoid fever; whether typhoid inoculations are necessary or, if given whether they will prove effective, thus dissipating any false security against infection. Some people show a natural immunity to cancer and this is demonstrable by a blood examination.

### ELECTRONIC REACTIONS OF ABRAMS (ERA)

(A few brief and curtailed references from Journals and signed letters)

NOE, A. T., M. D.—"I feel that Dr. Abrams has brought to the medical profession the most scientific method of diagnosis that we have ever known." N. A. J. H.

ANTHONY, J. C., M. D.—"Made wonderful diagnoses for me which would have been impossible by other means."

HESS, H. A., M. D.—"Dr. Abrams has made 50 examinations of the blood for me and all correct as far as I can judge."

MEACHAM, S. F., M. D.—"E R A are greatest contribution to medicine."

POPE, CURRAN, M. D., (Author of classic on Hydrotherapy).—"Not a day passes that I do not use your methods."

BOOLSEN, S., M. D.—"I regard the E R A as a great help and have frequently contributed the fee myself because results talk and success follows a correct diagnosis."

JAWORSKI, H., M. D., Paris, France. (Author and medical authority; translator of E R A into French).—"I have carefully studied your methods and regard the discovery and its immensity with admiration."

KING, J. W., M. D. (Penna.) "Physicians should at once form a caravan and go out and worship at 'Abrams' shrine." "Am getting wonderful results therapeutically from diagnoses made for me by you."

PAREDES, F. M. D. (Mexico).—"I shall popularize your marvelous methods of diagnosis in Mexico." (Dr. P. studied the E R A at Dr. A.'s laboratory.) Dr. F. Vasques Gomez, for many years private physician to Diaz, former President of Mexico; Prof. Surgical Pathology, University of Mexico; President, National Academy of Medicine and Minister Public Instruction has also studied the E R A at Abram's laboratory.

POWELL, C. S., M. D.—The E R A are very helpful in my work especially in cong. syphilis brought to light and helped by treatment. Wassermann eclipsed by E R A.

MAJORS, ERGO A., M. D.—"E R A have conformed remarkably with my office findings and I am grateful to Dr. Abrams for his wonderful work. (Dr. M. has forwarded 173 blood specimens. At least 100 specimens were sent without comment of any kind.









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**Practical Courses in Spondylotherapy****and****Electronic Diagnosis and Treatment**

Dr. Albert Abrams, will give courses on these subjects in San Francisco, beginning on the first of each month until further notice. Only reputable physicians can gain admission to the classes, which are limited. The course lasts two weeks, and the fee, in advance, is \$100.00 Applicants may address Dr. Abrams, 2135 Sacramento St., San Francisco.

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**Dr. Abrams' Electrodes****for****Electronic Diagnosis**

These consist of four electrodes of aluminum with conducting cord of copper wire (flexible). Price \$6.00, express prepaid.

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**Ohmmeter****(Biodynamometer**

Described on page 44, New Concepts in Diagnosis and Treatment (Abrams), and in Sept. issue of the Journal. Price \$25.00, express collect.

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**Dr. Abrams' Reflex Set**

This consists of a plexor, pleximeter, single and two pronged instrument. Price \$6.00, express prepaid.

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**Dr. Abrams' Electro-Concussor**

Described on page 652 in Spondylotherapy. In writing, state current available. Price \$100.00 f. o. b. No apparatus sold on credit. Terms cash. Price of other apparatus on application. Physico-Clinical Co., 2135 Sacramento Street, San Francisco, Cal.

